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6147 7	590 10/28	¥2008	hav	e its own certificate o	f mailing or transmission.	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R A	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/609,891	06/30/2003	• • • • • • • • • • • • • • • • • • • •	Ralph Thomas Hoctor	·	RD-27855-4	8353
TITLE OF INVENTION: SYSTEM	TRANSMITTER L	OCATION FOR UL	TRA-WIDEBAND, TRAN	SMITTED-REFEREN	ICE CDMA COMMUN	ICATION
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/28/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
ZEWDU, MELESS NMN		2617	455-456100			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Patrick K. Patnode			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED OF	N THE PATENT (print or ty	pe)		
			ee data will appear on the p IOT a substitute for filing an		is identified below, the de	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
General Ele	ctric Compar	ıy	Niskayuna, New York			
Please check the appropriate	e assignee category or	categories (will not be	printed on the patent):	Individual XX Corpo	oration or other private gro	oup entity Government
¹ a. The following fee(s) are	submitted:		4b. Payment of Fee(s): (Plea	se first reapply any p	previously paid issue fee s	shown above)
Issue Fee						
Advance Order - # of	f Copies	ermitted)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 070868 (enclose an extra copy of this form).			
5. Change in Entity Status	(from status indicated	above)	overpayment, to popo	Sit / tecodit (tolitect _	(enciose ar	extra copy of this form).
a. Applicant claims S	MALL ENTITY status	s. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL I	ENTITY status. See 37 CF	⁷ R 1.27(g)(2).
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if requords of the United State	ired) will not be accep es Patent and Tradema	ted from anyone other than t	he applicant; a register	ed attorney or agent; or the	e assignee or other party in
Authorized Signature	~ ·	~~~	九	Datel	\$ 7	~ 2004
Typed or printed name	Ann M. A	gosti		Registration No.	37372	
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